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(Re	equestor's Name)	
(Ad	ldress)	<u>.</u>
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(Cit	ty/State/Zip/Phone	e #)
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2020 AUG 24 PH 2: 06
SECRETARY OF STATE
SECRETARY OF STATE



COVER LETTER

P.O. Box 6327

Tallahassee, FL 32314

TO: Registration Section Division of Corporations	
SUBJECT: VICTOR J CONS	TRUCTION LLC nited Liability Company
The enclosed Articles of Amendment and fee(s) are sul	bmitted for filing.
Please return all correspondence concerning this matter	r to the following:
_Dulce	Vinenez Name of Person
VICTOR	T CONSTRUCTION LLC Firm/Company
2417 Horp	Address
_ Tumpu	City/State and Zip Code encl 3887
Du Le Jones E-mail address:	(to be used for future annual report notification)
For further information concerning this matter, please of	call:
Dukce Dimener Name of Person	at (<u>813</u>) <u>580 - 1123</u> Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & Certificate of Status	✓ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FIL.ED

2020 AUG 24 PM 2: 06

(Name of the Limited Liability Compa	iny as it now appears on our records RETARY OF STATE Liability Company) TALLAHASSEE, FL
(A Fiorida Chillied)	Ciability Company) TALLAHASSEE, FL
The Articles of Organization for this Limited Liability Company	were filed on 07/30/2000 and assigned
Florida document number <u>L 20000226797</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2417 Harper st
(Principal office address MUST BE A STREET ADDRESS)	Tampa PL 33605
Enter new mailing address, if applicable:	P.O. BOX 75495
(Mailing address MAY BE A POST OFFICE BOX)	Tanpa PL 33675
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registere
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
Now Registered Agent's Signature if changing Registered Agent	
sees regularing August Salumather it instituted Regularing August.	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Dulce Jinener	2417 Hurper st	[DAdd
		Tampa PL 33605	□Remove
			□ Change
199 Vict	Victor Turcios	2417 Harper st	□Add
		Tampa FL 33605	Remove
			Change
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
	·		□Add
			□ Remove
			Change

		
		
ffective	date, if other than the date of filing:	(optional)
an effecti	ive date is listed, the date must be specific and cannot be pri-	or to date of filing or more than 90 days after filing.) Pursuant to 605.0207 licable statutory filing requirements, this date will not be listed as
ocument	the date inserted in this block does not need the approximation of State's record	is.
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ranard s	nacifier a dalayad affactive data, but not an affective	time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
is filed.		time, at 12.01 a.m. on the earner or. (b) The your day aren the
otad =	August 20 201	2
arcu	Avgvst 20 201 Signature of a member or aut	. <u></u> .
	Vala dila	
	- Lung Ismer	
	Signature of a member or au	thorized representative of a member

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Filing Fee: \$25.00